

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. **09/701593**

FILING DATE

APPLICANT(S)

### CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1					51						
3		12					52						
4		21					53						
5		10					54						
6		10					55						
7		10					56						
8		10					57						
9		10					58						
10	1						59						
11		1					60						
12		12					61						
13		21					62						
14		10					63						
15		10					64						
16		10					65						
17		10					66						
18		10					67						
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42							91						
43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	16						TOTAL DEP.						
TOTAL CLAIMS	18						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS